

AMENDMENT TRANSMITTAL LETTER				Docket No. 132770.0101	
Application No. 10/729,444-Conf. #1021		Filing Date December 5, 2003		Examiner T. N. Nguyen	
Applicant(s): Suresh ANNAPPINDI					
Invention: UNEMPLOYMENT RISK SCORE AND PRIVATE INSURANCE FOR EMPLOYEES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 10 =	0	x 26.00	0.00
Independent Claims	4	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity			<input checked="" type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 23-2185 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>/Peter S. Weissman/</u>			Dated: <u>September 21, 2010</u>		
Peter S. Weissman Attorney/Agent Reg. No.: 40,220					
BLANK ROME LLP 600 New Hampshire Ave., NW Washington, DC 20037 (202) 772-5800					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).					
Dated: September 21, 2010			Electronic Signature for Peter S. Weissman: /Peter S. Weissman/		

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/729,444-Conf. #1021
		Filing Date	December 5, 2003
		First Named Inventor	Suresh ANNAPPINDI
		Examiner Name	T. N. Nguyen
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3626
TOTAL AMOUNT OF PAYMENT		(\$)	405.00
		Attorney Docket No.	132770.0101

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>23-2185</u>		Deposit Account Name: <u>Blank Rome LLP</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FFF CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
5	- 20 or HP	x	=	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					

Hn = highest number of total claims paid for, if greater than 20.

$$\frac{1}{\text{_____}} - 6 \text{ or HP} = \text{_____} \times \text{_____} = \text{_____}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 $\underline{\hspace{2cm}} - 100 = \underline{\hspace{2cm}} /50 = \underline{\hspace{2cm}}$ (round up to a whole number) x $\underline{\hspace{2cm}} = \underline{\hspace{2cm}}$

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 405.00

SUBMITTED BY

Signature	/Peter S. Weissman/	Registration No. (Attorney/Agent)	40,220	Telephone	(202) 772-5800
Name (Print/Type)	Peter S. Weissman		Date	September 21, 2010	

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Dated: September 21, 2010

Electronic Signature for Peter S. Weissman: /Peter S. Weissman/